Case 19-22020 Doc 219 Filed 09/02/20 Entered 09/02/20 17:58:22 Desc Main UNITED STATISTICS PANKRUP FOR COURTS

FOR THE WESTERN DISTRICT OF TENNESSEE

Western DIVISION CASE NAME: CAH Acquisition Company #11 **CASE NO:** 19-22020-PJD Monthly Operating Report for the Month Ending (month/day/year) July 31, 2020 For the period beginning (month,day) July 1 and ending (month,day) July 31 NAICS Industry Classification Code: 622110 THIS REPORT IS TO BE FILED 15 DAYS AFTER THE END OF THE MONTH -- The Debtor must attach each of the following reports/documents unless the U.S. Trustee has waived the requirement in writing. Report Previously Waived REQUIRED REPORTS/DOCUMENTS Attached Mark One Box for Each Required Document: 1. Bank Account Balance Statement (Form 2-AB) 2. Comparative Balance Sheet - Assets (Form 2-BA) 3. Comparative Balance Sheet - Liabilities (Form 2-BL) 4. Supporting Schedule I (Post-Petition Payables)(Form 2-BP) Supporting Schedules II (A/R, Payments to Prof. and Principals)(Form 2-BR) 5. Profit and Loss / Income Statement (Forms 2-E1 and 2-E2) 6. 7. Cash Flow Statement (Form 2-F) 8. Cash Flow Summary (Form 2-FS) 9. Detailed Listing of Receipts Statement (Form 2-G) 10. Detailed Listing of Disbursements Statement (Form 2-H) Supporting Schedules III 11. (Property Transfers, Insurance Coverage & Quarterly Fee Summary)(Form 2-I) Narrative Questionnaire Statement (Form 2-J) 12. Documents Provided by Mail or E-Mail 13. Bank Statements for All Bank Accounts (to be provided by mail to USTP when required) Bank Statement Reconciliations for all Bank Accounts 14. (to be provided by mail to USTP when required) I declare under penalty of perjury that the following Monthly Operating Report, and any attachments hereto are true, accurate and correct to the best of my knowledge and belief. I further certify that the Monthly Operating Report has been filed with the DEBTOR IN POSSESSION Court. /s/ Marianna Williams By: (Signature) Executed on: Court Appointed Debtor-In-Possession (Title) Its: Phone #: 731.221.2200 Marianna Williams **Printed Name:** Form 2-A Address: 326 Asbury Ave

Ripley, TN 38063

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ADDENDUM TO ALL MONTHLY OPERATING REPORTS

CAH Acquisition Company 11, LLC (the "Debtor") is contemporaneously filing this Global Note (as defined below) as a supplement to and integral part of all its Monthly Operating Reports filed in the Bankruptcy Court for the Western District of Tennessee (the "Bankruptcy Court").

This Global Note, Reservation of Rights, and Statement of Limitations, Methodology and Disclaimer Regarding Debtor's Monthly Operating Reports (the "Global Notes") pertain to, are incorporated by reference into, and comprise an integral part of all Monthly Operating Reports, and should be reviewed in connection with any review of all Monthly Operating Reports.

All Monthly Operating Reports filed in this Bankruptcy Case are prepared and created by Cohesive Healthcare Management and Consulting as Manager for Debtor under a Management and Hospital Services Agreement (dated March 27, 2019 and as extended and modified on or about April 1, 2020). The Management Fees listed in the Profit and Loss Statement contained in Form 2-E2 (Part IV. General Expenses) are that amount asserted by Cohesive Healthcare Management and Consulting. Debtor does not acquiesce to the asserted amount in the Monthly Operating Reports by filing said report(s).

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DEBTOR:

CAH Acquisition Company #11

CASE NO:

19-22020-PJD

Form 2-AB BANK ACCOUNT BALANCE STATEMENT

For Period Ending: July 31, 2020

Bank Accounts						
Account Name:	CASH ON HAND	Personal/ Operating	<u>Tax</u>	<u>Payroll</u>		*
Bank Name:		First Citizens	N/A	N/A	US Bank	
Account # (last 4 digits):		3414	N/A	N/A	N/A	
						Grand Total ALL Accounts
Beginning Balance:	500.00	4,398,923.4	0.00	0.00	0.00	4,399,423.40
Plus: Total Receipts		1,034,492.7	0.00	0.00	+	1,034,492.75
(Attach Detailed List, Form 2: Less: Total Disbursements (Attach Detailed List, Form 2:	0.00	1,679,757.8	+	+	+=	1,679,757.82
Transfers Between Bank Accounts:						
Transfers In						
(Transfers Out) ())())())())()	
Ending Balances:	500.00	3,753,658.3	+		+ =====================================	3,754,158.33

^{*}If the Debtor maintains more than four (4) accounts, attach additional Form 2-AB and identify the nature of the additional account(s) (Cash Collateral, Savings, etc.)

Notes:

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Form 2-BA COMPARATIVE BALANCE SHEET STATEMENT For Period Ending: July 31, 2020

ASSETS 1. Current Assets:			Current Month		Petition Date (1)
Cash (from Form 2-AB, Grand Total	All Accounts)	\$	3,754,158.33	\$_	
Total Accounts Receivable (from For			18,923,585.9	_	:
Less allowance for doubtful accou	nts (from Form 2-BR)	(<u>15,961,127.6</u>)	(_)
Receivable from Officers, Employees	, Affiliates			_	
Inventory			143,935.17	_	
Other Current Assets :(List)	Prepaid Insurance		47,885.59	_	
				_	
Negotiable Instruments 2. Current Assets Sub-Total		\$	6,908,437.30	\$ _	
3. Fixed Assets:		,		-	
Land		\$	800,000.00	\$ _	
Building			4,239,536.05	_	
Equipment, Furniture and Fixtures			1,182,314.49	-	
Vehicles				_	
4. Fixed Assets Sub-Total			6,221,850.54	_	
Less: Accumulated Deprecia	tion	(998,616.23)	(_	
5. Net Fixed Assets		\$	5,223,234.31	\$.	
6. Current Assets Sub-Total (from a	bove 2. Current Assets Sub-Total)		6,908,437.30	-	
7. Other Assets (List):				-	
8. TOTAL ASSETS		\$ -	12,131,671.6	\$	

(1) Petition date values are taken from the Debtor's balance sheet as of the petition date or are the values listed on the Debtor's schedules.

Form 2-BA

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Form 2-BL COMPARATIVE BALANCE SHEET STATEMENT

For Period Ending: July 31, 2020

		 Current	=	Petition
LIABILITIES Post Petition Liabilities Post-petition Accounts Payable (from	ı Form 2-BP)	\$ 4,677,587.48	\$_	
Post-petition Accrued Profesional Fe	es (from Form 2-BR)		_	
Post-petition Taxes Payable			_	
Post-petition Notes Payable		1,067,650.09	_	
Other Post-petition Payable(List):	Accrued Stimulus	3,330,582.04	_	
	Accrued Liabilities	1,298,374.83		
Post Petition Liabilities Sub-To	tal	\$ 10,374,194.4	\$ _	·
Pre Petition Liabilities: Secured Debt (Schedule D, including	amendments)	2,357,557.69		
Priority Debt (Schedule E, including	·	2,390,305.68	-	
Unsecured Debt (Schedule F, including		-2,250,640.8	-	
Pre Petition Liabilities Sub-Tot		\$ 2,497,222.54	\$	
		12,871,416.9	Ψ =	
TOTAL LIABILITIES (Sum of	f Pre Petition and Post Petition Liabilities)	\$ 	\$ =	
SHAREHOLDERS/OWNERS' EQUI Owner's/Stockholder's Equity (Prefer		\$	\$ -	
Owner's/Stockholder's Equity Comm	on Stock)		_	
Paid In Capital			· _	
Retained Earnings - Prepetition			-	
Retained Earnings - Post-petition		-739,745.37	-	
TOTAL OWNERS' EQUITY		\$ -739,745.37	\$	
TOTAL LIABILITIES AND O	WNERS' EQUITY	\$ 12,131,671.6	\$ _	

(1) Petition date values are taken from the Debtor's balance sheet as of the petition date or are the values listed on the Debtor's schedules.

Form 2-BL

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DEBTOR:

CAH Acquisition Company #11

CASE NO:

19-22020-PJD

Form 2-BP SUPPORTING SCHEDULES II POST PETITION LIABILITIES AND PAYABLES STATEMENTS For Period Ending: July 31, 2020

Туре	Beginning Balance (1)	Amount Accrued	Date Due	0-30 Days	31-60 Days	Ending Balance
Income Tax Withheld:					,	
Federal						
State						
FICA Tax Withheld						
Employee's FICA Tax				# 1		
Employer's FICA Tax						
Unemployment Tax						
Federal						
State						
Sales, Use & Excise Taxes						
Property Taxes						
Real Estate						
Personal Property						•
Accrued Income Tax:						
Federal						
State						
Other:						
TOTAL TAXES \$	\$		\$\$		\$\$	——————————————————————————————————————
POST-PETITION DEBTS						
Secured	2,357,55					
Priority	2,390,30					
Unsecured						
Accrued Interest Payable	309,248.				r	
TRADE ACCOUNTS & OTHER PAYABLES	4,752,36	74,777.1		992,784.	148,185.	4,677,587.

(list separately on additional sheets)

thereafter, Beginning Balance will be Ending Balance from prior report.

Form 2-BP Rev. 8/2/16

⁽¹⁾ For first report, Beginning Balance will be \$0;

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DEBTOR:	CAH Acquisition Company #11	CASE NO:	19-22020-PJD

Form 2-BR SUPPORTING SCHEDULES II For Period Ending: July 31, 2020

ACCOUNTS RECEIVABLE AND POST PETITION PAYABLE AGING

<u>Due</u>	Accounts <u>Receivable</u>	Post Petition <u>Accounts Payable</u>
Under 30 days 30 to 60 days 61 to 90 days 91 to 120 days Over 120 days	\$ 4,493,852.51 2,451,416.09 1,409,454.06 1,234,370.83 9,334,492.41	\$ 992,784.71 148,185.07 140,536.26 121,477.00 3,274,604.44
Total Post Petition	18,923,585.90	4,677,587.48
Pre Petition Amounts		
Total Accounts Receivable (to Form 2-BA) Less: (Allowance for Doubtful Accounts) (to Form 2-BA) Net Accounts Receivable	\$ 18,923,585.90 (15,961,127.69) \$ 2,962,458.21	•

^{*} Attach a detail listing of accounts receivable and post-petition accounts payable

SCHEDULE OF PAYMENTS TO ATTORNEYS AND OTHER PROFESSIONALS

Debtor's Counsel \$ \$ \$ \$ \$ \$ Counsel for Unsecured Creditors' Committee Trustee's Counsel Accountant Other: Total \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			Month-end Retainer <u>Balance</u>		Current Month's <u>Accrual</u>		Paid in Current <u>Month</u>	Date of Court Approval		Month-end Balance Due *
Total \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Counsel for Unsecured Creditors' Committee Frustee's Counsel Accountant	\$				_\$ _ _ _			\$	
*Balance due to include fees and expenses incurred but not yet paid. SCHEDULE OF PAYMENTS AND TRANSFERS TO PRINCIPALS/EXECUTIVES** Payee Name Position Nature of Payment Amount		- \$		\$		-\$			\$	
								RINCIPALS/EXECU	TIVE.	S**
	Payee Name	_	<u>Po</u>	sitio	on	<u> </u>	<u>Nati</u>	ure of Payment	_ \$ _	

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^{**}List payments and transfers of any kind and in any form made to or for the benefit of any proprietor, owner, partner, shareholder, officer or director. Including salaries, commissions, bonuses, etc.
Form 2-BR

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DEBTOR:

CAH Acquisition Company #11

CASE NO:

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Form 2-E1 PROFIT AND LOSS STATEMENT For Period Ending: July 31, 2020

	Tof Teriod Ending.		
		Current <u>Month</u>	Accumulated <u>Total (1)</u>
I.	GROSS OPERATING REVENUES NCOME (LIST ALL SOURCES)	• • • • • • • • • • • • • • • • • • •	
F	Patient Service Revenue	3,562,339.C	33,281,880.9
(Other Revenue	10,052.89	28,677.62
	Grant Revenue	138,321.79	895,302.23
	TOTAL GROSS INCOME	3,710,713.7	34,205,860.7
	Less: Discounts, Returns, and Allowances	(<u>2,335,454.4</u>)	(22,497,202.{)
	Net Operating Revenue	1,375,259.2	11,708,657.9
II.	COST OF GOODS SOLD	()	11,708,657.
III.	GROSS PROFIT (Net Operating Revenue LESS Cost of Goods S	1,375,259.2 Sold)	= 11,700,007.8
IV.	GENERAL EXPENSES		
Ope	rating Expenses		
C	Compensation and Payroll Officer/Management Compensation	663,237.93	6,021,712.40
	Payroll - Other Employees		
Т	Caxes Taxes - Payroll		
	Taxes - Real Property		
	Taxes - Personal Property (Ad Valorem)		
	Taxes - Sales	· -	
	Taxes - Other		

⁽¹⁾ Accumulated Totals include all revenue and expenses since the petition date.

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DEBTOR:

CAH Acquisition Company #11

CASE NO:

19-22020-PJD

Form 2-E2 PROFIT AND LOSS STATEMENT (Cont'd) For Period Ending: July 31, 2020

		For Period Ending:	uly 01, 2020	
IV.	GENERA	AL EXPENSES	Current <u>Month</u>	Accumulated Total (1)
G	eneral		95.00	6,832.00
	License F	ees		
	Insurance			
	Depreciat	ion / Amoritization	14,874.79	147,713.40
	Rents and	Leases (Real Estate)		
		Leases (Personal Property)	27,701.15	236,655.09
			1,464.21	91,012.56
	Maintena	nce and Repairs	169,969.14	1,049,506.97
	Supplies			
	Telephon	e	1,526.41	14,323.53
	Utilities		23,865.84	279,656.58
	Travel an	d Entertainment Expenses		
	Vehicle F	Expenses		
	Legal			
(Other Other:	Bank Fees	807.91	6,672.12
	Other:	Purchased Services	228,460.76	1,636,916.50
	Other:	Contract Labor	139,114.38	1,445,896.76
	Other:	Management Fees	75,000.00	1,800,000.00
	Other:	Miscellaneous	157.41	18,854.46
	Other:	Restructure Fees	0.00	285,925.43
	Other:	Interest Expense	26,604.15	295,174.23
v.		EXPENSES	1,372,879.C	13,336,852.0
		COME OR (LOSS)	2,380.19	-1,628,194.1
VI.	LATE I TIME	COME OF (FORE)		

(Gross Profit LESS Total Expenses)

Form 2-E2 Rev. 8/2/16

⁽¹⁾ Accumulated Totals include all revenue and expenses since the petition date.

CASE NAME: CAH Acquisition Company #11

CASE NO: 19-22020-PJD

Form 2-F CASH FLOW STATEMENT

	For Period Ending: July 31, 2020	
1.	CASH FLOWS FROM OPERATING ACTIVITIES:	Accumulated
	Income (Loss) From Operations Adjustments to reconcile net income (loss) from operations to net cash provided by (used in) operating activities	-1,628,194.
	Change in Accounts Receivable	1,372,491.4
	Change in other current assets	-191,820.76
	Change in Stimulus funds liability	3,330,582.0
	Change in Accounts Payable/Accrued Liabilities	1,027,160.1
	Depreciation	147,713.40
	NET CASH PROVIDED BY (USED IN) OPERATING BUSINESS	4,057,932.1
2.	CASH FLOWS FROM INVESTING ACTIVITIES	
	Capital Additions	-266,277.71
	· ,	,
	NET CASH PROVIDED BY (USED IN) INVESTING ACTIVITIES	-266,277.71
3.	CASH FLOWS FROM FINANCING ACTIVITIES	
	Loan Advances	200,000.00
	Change in Medicare Loans	-454,661.32
	Change in Accrued Interest	187,915.29
	NET CASH PROVIDED BY (USED IN) FINANCING ACTIVITIES	-66,746.03
ו	NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	3,724,908.4
	CASH AND CASH EQUIVALENTS, BEGINNING OF PERIOD	29,249.89
	CASH AND CASH EQUIVALENTS, END OF PERIOD	3,754,158.3
For	m 2-F . 8/2/16	•

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CASE NAME: CAH Acquisition Company #11

CASE NO:

19-22020-PJD

Form 2-FS CASH FLOW SUMMARY

CASH FLOW SUMMARY	Current <u>Month</u>	Accumulated
1. Beginning Cash Balance (From Form 2-B-AB (Grand Total Beginning Balance))	\$ 4,399,423.40 (2) \$	29,249.89
2. Receipts Operations	1,034,492.75	14,783,394.9
Sale of Assets		
Other		200,000.00
Total Cash Receipts	\$ 1,034,492.75	14,983,394.9
3. Disbursements Operations	1,679,757.82	11,258,486.4
Debt Service/Secured loan payment		
Professional fees/U.S. Trustee fees		
Other		
Total Cash Disbursements	\$ 1,679,757.82	11,258,486.4
4. Net Cash Flow (Total Cash Receipts less Total Cash Disbursements)	-645,265.07	3,724,908.44
5. Ending Cash Balance (must equal Cash on Form 2-BA) (must equal Grand Total All Accounts Ending Balance, Form	\$\frac{3,754,158.33}{2-AB}(2) \\$	3,754,158.35(2)

- (must equal Grand Total All Accounts Ending Balance, Form 2-AB)

 (1) Accumulated beginning cash balance is the cash available at the commencement of the case.
- (2) Current month beginning cash balance should equal the previous month's ending balance.

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CASE NAME: CAH Acquisition Company #11

CASE NO:

19-22020-PJD

Form 2-G DETAILED LISTING OF RECEIPTS STATEMENT

H RECEIPTS DI	ETAIL.	Account No:	·	
	R EACH BANK ACCOUNT, PET			
	ets as necessary) Continuation S	theet of		
Date	Received From (Payer)	For (Description)	L	\$ Amount
			\$	
			\$	
			\$	
			\$ _	
			\$ _	
			\$ _	
			\$	
			\$	
			\$ _	
			\$	
			, \$ _	
			\$ _	
			\$	· · · · · · · · · · · · · · · · · · ·
			\$	
			\$	
			\$	
			\$	
-			\$	
			\$	
		Sub Total Receipts this Page	\$	KTT FT TO SEE STATE OF THE SECTION AND SECTION ASSESSMENT OF THE SECTI
		Grand Total Receipts this Account	\$_	

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CASE NAME: CAH Acquisition Company #11

CASE NO:

19-22020-PJD

Form 2-H

DETAILED LISTING OF DISBURSEMENTS STATEMENT

		cessary) Continuation She		1
Date	Check No.	Paid To	In Payment of (Purpose)	Amount
				\$
				\$
				\$
				\$
			·	\$
				\$
				<u> </u>
				\$
				\$
				\$
				\$
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				\$
			· · · · · · · · · · · · · · · · · · ·	
				\$
				_ \$

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DEBTOR:

CAH Acquisition Company #11

CASE NO:

19-22020-PJD

Form 2-I

SUPPORTING SCHEDULES III

PROPERTY TRANSFER, INSURANCE COVERAGE & QUARTERLY FEES STATEMENT

For the Period Ending: July 31, 2020

TRANSFER OF PROPERTY POST-PETITION

Has any property of th	e Debtor been sol	d or otherwise transferred of	other than in the ord	inary course of the D	Debtor's business?	
X	NO YES, If yes, Cor	mplete the Following (Add .	Additional Sheets i	f Necessary)		
DESCRIPTION OF P	ROPERTY	To Whom Transferred	Transfer Date	Gross Value	Net Monies Received	
						:
		INSURANCE	SCHEDULE			Date
	Carrier	Policy #	Expiration Date	Amount of Coverage	Premium Amounts	Coverage Paid Through
Workers' Comp	Insurance remains same as pre-petition		9		\$	
General Liability	Insurance remains same as pre-petition		9	3	\$	
Property (Fire, Theft)	Insurance remains same as pre-petition			,	\$	
Casualty	Insurance remains same as pre-petition			3	\$	
Vehicle	Insurance remains same as pre-petition			S .	\$	
Other (list):	Insurance remains same as pre-petition			S	\$	
Home Owners:	Insurance remains same as pre-petition			S	\$	
		QUARTERLY FEE	S SUMMARY*			
Month PRESENT QUART	ER	Total <u>Disbursements**</u>	Quarterly <u>Fee Due</u>	Check No.	Date <u>Paid</u>	
July August	9	\$ 1,679,757.82 \$				
September TOTAL PRESENT	-	\$ 1,679,757.82	\$			
<i>PREVIOUS QUAR</i> ? April		§ 1,406,575.09				
May June	9	\$ 1,457,104.86 \$ 1,114,186.15 \$ 3,977,866.10	\$			
TOTAL PREVIOU	DO QUARTER S	\$ 3,977,866.10	Ψ			

Form 2-I

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^{*} This Summary is to reflect the current and immediately previous Quarterly Fee information cumulative to the end of the reporting period.

^{**} Should agree with Form 2-AB. Disbursements are net of transfers to other Debtor-In-Possession bank accounts.

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DEBTOR:	CAH Acquisition Company #11	CASE NO: 19-22020-PJD.
	F 0.1	

	NARRATIVE QUESTIONNAIRE STATEMENT For Period Ending July 31, 2020
	otor-In-Possession made any payments on its pre-petition unsecured debt, except for that which has been ed by the Bankruptcy Court?
X	No. Yes. Explain:
	ebtor-In-Possession during this reporting period provided compensation or other remuneration to any Directors, Principals, or Other Insiders without appropriate authorization and disclosure?
X	No. Yes. Explain:
	progress was made during this reporting period toward the filing of a Disclosure Statement and Plan nization or Liquidation.
Debtor-in-po	ossession (DIP) has identified potential purchasers of business, DIP has created a due diligence portal for potential bu
DIP is receiv	ing CMS receivables. DIP has requested LOI before the end of May and expects the bidding dates will be revised in the coming n
Describe p	otential future developments which may have a significant impact on this bankruptcy case.
Are all Po	st-Petition tax obligations currently paid or deposited?
X	Yes. No. Explain.:
Are all Un	nited States Trustee Quarterly Fees current?
V	ited States Trustee Quarterly Fees current? Yes. Last Quarter Paid: Amount Paid: \$ No. Explain.:
V	Yes. Last Quarter Paid: Amount Paid: \$
X	Yes. Last Quarter Paid: Amount Paid: \$
X	Yes. Last Quarter Paid: Amount Paid: \$No. Explain.:
Did you re	Yes. Last Quarter Paid: Amount Paid: \$ No. Explain.: exceive any income during this reporting period, which is not set forth in the operating report? No.

11:26 AM Case 19-22020 Doc 219 Filed 09/02/20 Ar Entered 09/02/20 17:58:22 Desc Main 08/12/20 Document Page 16 of 33 Accrual Basis Custom Transaction Detail Report

July 2020

Туре	Date	Num	July 202 Name	Split	Amount
Check	07/21/2020	1473	Aeneas	Telephone Expense	-1,378.32
Check	07/31/2020	Fee	Bank Charge	Bank Service Charges	-60.00
Check	07/02/2020	1469	Cohesive Healthcare	Payback expenses	-376,815.96
Check	07/10/2020	1470	Cohesive Healthcare	Payback expenses	-219,197.85
Check	07/16/2020	1472	Cohesive Healthcare	. Payback expenses	-382,669.26
Check	07/27/2020	1474	Cohesive Healthcare	Payback expenses	-255,801.66
Check	07/31/2020	1476	Cohesive Healthcare	Payback expenses	-429,637.89
Check	07/14/2020	1471	Farnam Street Financial	misc	-7,420.44
Check	07/31/2020	1475	IPFS Corporation	Insurance Expense	-7,440.39
Check	07/02/2020		Worldpay	Credit card fee	-2.64
Check	07/03/2020		Worldpay	Credit card fee	-42.70
Check	07/06/2020		Worldpay	Credit card fee	-1.41
Check	07/06/2020		Worldpay	Credit card fee	-89.18
Check	07/09/2020		Worldpay	Credit card fee	-15.58
Check	07/10/2020		Worldpay	Credit card fee	-3.32
Check	07/10/2020		Worldpay	Credit card fee	-7.66
Check	07/13/2020		Worldpay	Credit card fee	-2.14
Check	07/13/2020		Worldpay	Credit card fee	-6.20
Check	07/15/2020		Worldpay	Credit card fee	-7.21
Check	07/16/2020		Worldpay	Credit card fee	-4.99
Check	07/20/2020		Worldpay	Credit card fee	-3.60
Check	07/22/2020		Worldpay	Credit card fee	-128.40
Check	07/23/2020		Worldpay	Credit card fee	-47.98
Check	07/24/2020		Worldpay	Credit card fee	-14.35
Check	07/27/2020		Worldpay	Credit card fee	-3.71
Check	07/27/2020		Worldpay	Credit card fee	-17.81
Check	07/29/2020		Worldpay	Credit card fee	-4.01
Check	07/30/2020		Worldpay	Credit card fee	-6.48
Check	07/31/2020		Worldpay	Credit card fee	-20.59

-1,680,851.73

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Return Service Requested

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CAH ACQUISITION COMPANY 11 LLC BY MARIANNA WILLIAMS RECEIVER ро вох н **DYERSBURG TN 38025**

ACCOUNT ANALYSIS Account Number:

Statement Date:

Branch:

7/31/20 001

Checks/Items Enclosed:

13

Open A Consumer Account Online Need to open a checking or savings account? Apply online while spending more time at home. Unbelievably convenient Join.FirstCNB.com

CHECKING	CAH ACQUISITION COMPANY 11 LLC	Acct
	Beginning Balance 7/01/20 40.00	
	Deposits / Misc Credits 202 95,776,342.06	
	Withdrawals / Misc Debits 52 95,776,342.06 ** Ending Balance 7/31/20 40.00	**
	Service Charge .00	
	Average Balance 100	
	Average Collected Balance 100	
	Minimum Balance 100	
	Enclosures 13	r

Miscellaneous Credits

Date	Deposits	Withdrawals	Activity Description
7/01	23.66		Worldpay/NET SETIMT Worldpay NET SETIMT 54292980466 8275 LAUDERDALE COMMUNITY HOSPBC
7/01	4,413,674.01		DAILY SWEEP DD XXXXXX1402 Includes Interest of 36.18
7/01	18.73		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020062812600397*1363379945*000095 378\
7/01	178.32		TNCH Claims/HCCLAIMPMT TRN*1*0900008379*1300752651\
7/01	300.48		AETNA AS01/HCCLAIMPMT TRN*1*820178000197304*1066033492\
7/01	902.32		PAY PLUS/HCCLAIMFMT TRN*1*104483232*1640687636\
7/01	1,563.58		TNCH Claims/HCCLAIMPMT TRN*1*0900008396*1300752651\
7/01	3,172.46		A/B MAC PT A TN/HCCLAIMPMT TRN*1*EFT3542054*1571062326*000010311~
7/01	10,662.02		HUMANA INS CO/HCCLAIMPMT TRN*1*001290051065484*1391263473\
7/01	38,403.51		A/B MAC PT A TN/HCCLAIMPMT TRN*1*EFT3541976*1571062326*000010311~
7/02	83,686.27		DEPOSIT



DOCUMBY ORM BYROS IBED TO HELP YOU BALANCE

YOUR BANK STATEMENT

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR CONSUMER ELECTRONIC TRANSFERS

Telephone us at 800-321-3176 OR 731-285-4410 OR Write us at First Citizens National Bank **Customer Service Department** P.O. Box 370 Dyersburg, TN 38025-0370

s soon as you can, if you think your statement or icelpt is wrong or if you need more information bout a transfer on the statement or receipt. We just hear from you no later than 60 days after we ent you the FIRST statement on which the error or roblem appeared.

Tell us your name and account number (if any). Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.

Tell us the dollar amount of the suspected error. We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think Is in error, so that you will have use of the money during the time it takes us to complete our investigation.

The above procedures do not apply to Health Savings accounts.

you have made arrangements to have direct sposits made to your account, you may call us at 10-321-3176, or 731-285-4410, Customer Service epartment, during regular banking hours to find it whether or not the deposit has been made.

illing Rights Summary . Home Equity Line case of Errors or Questions About Your Bill you think your bill is wrong, or if you need more formation about a transaction on your bill, write ; on a separate sheet at the address shown above soon as possible. We must hear from you no ter than 60 days after we sent you the first bill on hich the error or problem appeared. In your letter ve us the following information:

Your name and account number.

The dollar amount of the suspected error.

Describe the error and explain, if you can, why you believe there is an error, If you need more information, describe the Item you are unsure about.

Any other information (such as your address) hich you think will help us to identify you or the ason why you believe there is an error.

ou do not have to pay any amount in question hile we are investigating, but you are still aligated to pay the parts of your bill that are not question. While we investigate your question, we innot report you as delinquent or take any action collect the amount you question.

otice of Billing Errors/Inquiries

end notice of billing errors and inquiries to the idress shown above. You may telephone us at our lephone number shown above, but doing so will at preserve your billing error rights.

CHECKS OUTSTANDING - NOT CHARGED TO ACCOUNT

NO.	\$		BANK BALANCE SHOWN ON THIS STATEMENT	\$
			ADD + DEPOSITS NOT CREDITED IN THIS STATEMENT TOTAL (IF ANY)	\$
			SUBTRACT CHECKS OUTSTANDING	\$
			BALANCE	\$
			SHOULD AGREE WITH YOU BALANCE AFTER DEDUCTI CHARGE AND ADDING INT SHOWN ON THIS STATEMI	NG SERVICE FEREST (IF ANY)
TOTAL	\$ 	P		

HOW FINANCE CHARGES

Finance charges begin to accrue immediately when we make a loan to you. To figure the finance charge for a billing cycle, we apply a dally periodic rate of finance charge to the "principal balance" of your loan account each day.

To figure the "principal balance" for each day, we first take your loan account balance at the beginning of the day and subtract any unpaid finance charges and credit insurance premiums (if any) that are due. Next we subtract the portion of any payments or credits received that day which apply to the repayment of your loans. (A portion of each payment you make is applied to finance charges and credit insurance premiums, If any.) Then we add any new loans made that day. The final figure is the "principal

ARE COMPUTED

What To Do If You Think You Find A Mistake On Your Open-End Line of Credit Statement

If you think there is an error on your statement, write to us at:

First Citizens National Bank PO Box 370 Dyersburg, TN 38025-0370

in your letter, give us the following information:

- Account information: Your name and account number:
- Dollar amount: The dollar amount of the suspected error.
- Description of the problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement.

You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

By holding a transaction account with First Citizens National Bank, you agree to examine promptly the periodic statement(s) and accompanying items we prepare for you and to notify us within a reasonable time--not to exceed 30 calendar days from the date your statement is made available or sent to you - about any forgeries, material alterations, unauthorized signatures, incorrectly posted transactions or other mistakes affecting the account. The 30 day limitation does not apply to electronic transfers involving consumer accounts (as explained at top left).

Miscellaneous Credits

MEMBER FOXC

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CAH ACQUISITION COMPANY 11 LLC

Account Number: Statement Date:



		- PILSCE	Tianeous Cledits
Date	Deposits	Withdrawals	Activity Description
7/02	1,159.97		Worldpay/NET SETIMT Worldpay NET SETIMT 54292980466 8275 LAUDERDALE COMMUNITY HOSPEC
7/02	4,468,875.72		DAILY SWEEP DD XXXXXX1402 Includes Interest of 36.63
7/02	356.68		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020070115900444*1363379945*000095 378\
7/02	869.37		UNITEDHEALTHCARE/HCCLAIMFMT TRN*1*1TR61240877*1411289245*000087726\
7/03	4,178,163.66		DAILY SWEEP DD XXXXXX1402 Includes Interest of 34.25
7/03	313.41		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020070216200074*1363379945*000095 378\
7/03	862.69		UMR/HCCLAIMEMT TRN*1*544148953*1391995276*0000UMR01\
7/03	1,101.62		Marketplace/HCCLAIMPMT TRN*1*0903886315*1203174593\
7/03	11,086.79		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020070211300381*1363379945*000095 378\
7/06	30.00		Worldpay/NET SETIMT Worldpay NET SETIMT 54292980466 8275 LAUDERDALE COMMUNITY HOSPBC
7/06	4,191,588.54		DAILY SWEEP DD XXXXXX1402 Includes Interest of 103.07
7/06	368.90		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020070317201214*1363379945*000095 378\
7/06	731.74		UHC GOVERNMENT E/HCCLAIMPMT TRN*1*544470021*1391995276*0000MR01\
7/06	2,235.93		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020070314400077*1363379945*000095 378\
7/06	12,240.36		A/B MAC PT A TN/HCCLAIMPMT TRN*1*EFT3543479*1571062326*000010311~
7/07	4,207,139.36		DAILY SWEEP DD XXXXXX1402 Includes Interest of 34.48
7/07	170.96		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020070416000266*1363379945*000095 378\
7/07	901.81		HUMANA INS CO/HCCLAIMPMT TRN*1*001290051179578*1391263473\
7/07	2,970.39		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020070411700046*1363379945*000095 378\
7/07	4,692.48		A/B MAC PT A TN/HCCLAIMPMT TRN*1*EFT3544270*1571062326*000010311~



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CAH ACQUISITION COMPANY 11 LLC

Account Number: Statement Date:

7/31/20

		- Misce	llaneous Credits
Date	Deposits	Withdrawals	Activity Description
7/08 7/08	50,589.25 389.15		DEPOSIT Worldpay/NET SETLMT Worldpay NET SETLMT 54292980466 8275 LAUDERDALE COMMUNITY HOSPBC
7/08	4,215,909.56		DAILY SWEEP DD XXXXXX1402 Includes Interest of 34.56
7/08	42.36		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020070514400319*1363379945*000095 378\
7/08	115.30		HUMANA INS CO/HCCLAIMPMT TRN*1*001290051198790*1391263473\
7/08	148.34		AETNA AS01/HCCLAIMPMT TRN*1*820185000009904*1066033492\
7/08	2,032.10		A/B MAC PT A TN/HCCLAIMPMT TRN*1*EFT3544651*1571062326*000010311~
7/08	2,264.80		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020070516800086*1363379945*000095 378\
7/08	3,437.36		TNCH Claims/HCCLAIMPMT TRN*1*0900008449*1300752651\
7/09	225.39		Worldpay/NET SETIMT Worldpay NET SETIMT 54292980466 8275 LAUDERDALE COMMUNITY HOSPBC
7/09	4,274,963.26		DAILY SWEEP DD XXXXXX1402 Includes Interest of 35.04
7/09	63.02		HUMANA INS CO/HCCLAIMPMT TRN*1*001290051212258*1391263473\
7/09	87.63		UNITEDHEALTHCARE/HCCLAIMPMT TRN*1*1TR61731444*1411289245*000087726\
7/09	104.80		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020070816700628*1363379945*000095 378\
7/09	179.57		Harmony Health P/HCCLAIMPMT TRN*1*1002824688*1364050495\
7/09	232.00		UNITEDHEALTHCARE/HCCLAIMPMT TRN*1*1TR61684615*1411289245*000087726\
7/09	2,203.28		A/B MAC PT A TN/HCCLAIMPMT TRN*1*EFT3544995*1571062326*000010311~
7/10	62.00		Worldpay/NET SETLMT Worldpay NET SETLMT 54292980466 8275 LAUDERDALE COMMUNITY HOSPBC
7/10	4,278,078.44		DAILY SWEEP DD XXXXXX1402 Includes Interest of 35.07
7/10	2.25		CARITEN HP/HCCLAIMPMT TRN*1*010560011739167*1621579044\
7/10	245.93		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020070910100960*1363379945*000095 378\

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CAH ACQUISITION COMPANY 11 LLC

Account Number: Statement Date:

7/31/20

Miscellaneous Credits Withdrawals Activity Description Deposits UHC GOVERNMENT E/HCCLAIMPMT 742.49 7/10 TRN*1*545873338*1391995276*0000UMR01\ Harmony Health P/HCCLAIMPMT 1,420.06 7/10 TRN*1*1002826935*1364050495\ UHC PLAN OF THE/HCCLAIMPMT 7/10 2,393.12 TRN*1*2020070912100968*1363379945*000095 378\ A/B MAC PT A TN/HCCLAIMPMT 7/10 4,066.76 TRN*1*EFT3545489*1571062326*000010311~ A/B MAC PT A TN/HCCLAIMPMT 15,813.21 7/10 TRN*1*EFT3545413*1571062326*000010311~ Worldpay/NET SETLMT 7/13 125.00 NET SETLMT 54292980466 Worldpay 8275 LAUDERDALE COMMUNITY HOSPEC Worldpay/NET SETLMT 166.28 7/13 54292980466 Worldpay NET SETLMT 8275 LAUDERDALE COMMUNITY HOSPEC DAILY SWEEP DD XXXXXX1402 4,083,715.85 7/13 Includes Interest of 100.42 A/B MAC PT A TN/HCCLAIMPMT 302.66 7/13 TRN*1*EFT3546160*1571062326*000010311~ Harmony Health P/HCCLAIMPMT 304.10 7/13 TRN*1*1002828382*1364050495\ UHC PLAN OF THE/HCCLAIMPMT 440.53 7/13 TRN*1*2020071015200394*1363379945*000095 UMR/HCCLAIMPMT 7/13 2,597.20 TRN*1*546152871*1391995276*0000UMR01\ UHC PLAN OF THE/HCCLAIMPMT 3,251.92 7/13 TRN*1*2020071017100007*1363379945*000095 378\ DAILY SWEEP DD XXXXXX1402 4,090,928.73 7/14 Includes Interest of 33.53 CARITEN HP/HCCLAIMPMT 63.02 7/14 TRN*1*010560011742654*1621579044\ CARITEN HP/HCCLAIMPMT 7/14 91.83 TRN*1*010560011742655*1621579044\ HUMANA INS CO/HCCLAIMPMT 141.66 7/14 TRN*1*001290051261862*1391263473\ PAY PLUS/HCCLAIMPMT 7/14 196,20 TRN*1*105428275*1570718839\ Colonial Penn Li/HCCLAIMPMT 399.00 7/14 TRN*1*9525422*1231628836~ UHC PLAN OF THE/HCCLAIMPMT 423.84 7/14 TRN*1*2020071114600276*1363379945*000095 378\ UHC PLAN OF THE/HCCLAIMPMT 2,778.08 7/14 TRN*1*2020071111100682*1363379945*000095

378\





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CAH ACQUISITION COMPANY 11 LLC

Account Number: Statement Date:



		- Misce	llaneous Credits
Date	Deposits	Withdrawals	Activity Description
7/14	6,734.55		A/B MAC PT A TN/HCCLAIMPMT TRN*1*EFT3546710*1571062326*000010311~
7/15	48,325.36		DEPOSIT
7/15	252.30		Worldpay/NET SETLMT Worldpay NET SETLMT 54292980466
			Worldpay NET SETIMT 54292980466 8275 LAUDERDALE COMMUNITY HOSPBC
7/15	4,094,370.03		DAILY SWEEP DD XXXXXX1402
	•		Includes Interest of 33.56
7/15	86.47		Marketplace/HCCLAIMPMT TRN*1*0903932143*1203174593\
7/15	212.69		UHC PLAN OF THE/HCCLAIMPMT
,, 10	232.00		TRN*1*2020071216400050*1363379945*000095
			378\
7/15	513.26		TNCH Claims/HCCLAIMPMT
7/15	676.44		TRN*1*0900008482*1300752651\ TNCH Claims/HCCLAIMPMT
17 13	PF.010		TRN*1*0900008501*1300752651\
7/15	973.37		Harmony Health P/HCCLAIMPMT
			TRN*1*1002834354*1364050495\
7/15	2,363.06		AETNA AS01/HCCLAIMPMT TRN*1*820192000277343*1066033492\
7/15	3,943.94		UHC PLAN OF THE/HCCLAIMPMT
77 13	3,343.74		TRN*1*2020071214100064*1363379945*000095
			378\
7/15	6,545.41		A/B MAC PT A TN/HCCLAIMPMT
7/16	4,158,289.20		TRN*1*EFT3547413*1571062326*000010311~ DAILY SWEEP DD XXXXXX1402
1/10	4,130,209.20		Includes Interest of 34.08
7/16	116.77		HMP/HCCLAIMPMT
4			TRN*1*003680001547357*1611103898\
7/16	203.64		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020071510300109*1363379945*000095
			378\
7/16	282.00		UHC PLAN OF THE/HCCLAIMPMT
			TRN*1*2020071514500387*1363379945*000095
7/16	331.00		378\ BANKERS FIDELITY/HCCLAIMPMT
1/10	331.00		TRN*1*799900*1582283708\
7/16	578.31		A/B MAC PT A TN/HCCLAIMPMT
			TRN*1*EFT3548149*1571062326*000010311~
7/16	602.20		BANKERS FIDELITY/HCCLAIMPMT TRN*1*352655*1580658963\
7/16	2,244.00		UNITEDHEALTHCARE/HCCLAIMPMT
,, 10	2/243.00		TRN*1*1TR62141380*1411289245*000087726\
7/17	3,780,003.85		DAILY SWEEP DD XXXXXX1402
7/17	44E 20		Includes Interest of 30.98
7/17	115.30		HUMANA INS CO/HCCLAIMPMT TRN*1*001290051361708*1391263473\
			manner on the medical properties and the second contract of the f



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CAH ACQUISITION COMPANY 11 LLC

Account Number: Statement Date:



Date	Deposits	Withdrawals	Activity Description
7/17	127.08		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020071615100461*1363379945*000095 378\
7/17	196.20		PAY PLUS/HCCLAIMPMT TRN*1*105825804*1570718839\
7/17	655.71		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020071611200737*1363379945*000095 378\
7/17	4,411.82		UMR/HCCLAIMPMT TRN*1*547679251*1391995276*0000UMR01\
7/17	9,201.05		A/B MAC PT A TN/HCCLAIMPMT TRN*1*EFT3548861*1571062326*000010311~
7/17	40,662.54		A/B MAC PT A TN/HCCLAIMPMT TRN*1*EFT3548788*1571062326*000010311~
7/20	100.00		Worldpay/NET SETLMT Worldpay NET SETLMT 54292980466 8275 LAUDERDALE COMMUNITY HOSPBC
7/20	3,835,467.86		DAILY SWEEP DD XXXXXX1402 Includes Interest of 94.31
7/20	52.22		HUMANA INS CO/HCCLAIMPMT TRN*1*001290051376164*1391263473\
7/20	195.76		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020071712600078*1363379945*000095 378\
7/20	659.53		A/B MAC PT A TN/HCCLAIMPMT TRN*1*EFT3549591*1571062326*000010311~
7/20	735.63		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020071714600202*1363379945*000095 378\
7/21	3,837,238.85		DAILY SWEEP DD XXXXXX1402 Includes Interest of 31.45
7/21	191.52		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020071813700167*1363379945*000095 378\
7/21	195.60		Colonial Penn Li/HCCLAIMPMT TRN*1*0374524*1231628836~
7/21	196.20		PAY PLUS/HCCLAIMPMT TRN*1*106120508*1570718839\
7/21	334.94		HUMANA INS CO/HCCLAIMPMT TRN*1*001290051440626*1391263473\
7/21	972.37		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020071813600650*1363379945*000095 378\
7/21	7,981.22		A/B MAC PT A TN/HCCLAIMPMT TRN*1*EFT3550474*1571062326*000010311~
7/21	171,980.34		A/B MAC PT A TN/HCCLAIMPMT TRN*1*EFT3550767*1571062326*000010311~
7/22	114,988.27		DEPOSIT

Miscellaneous Credits



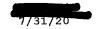
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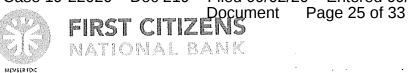
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CAH ACQUISITION COMPANY 11 LLC

Account Number: Statement Date:



			· · ·	
		- Misce	llaneous Credits	
Date	Deposits	Withdrawals	Activity Description	
7/22	3,270.82		Worldpay/NET SETIMT 54292980466	
7/22	4,017,745.65		8275 LAUDERDALE COMMUNITY HOSPBC DAILY SWEEP DD XXXXXX1402 Includes Interest of 32.93	
7/22	29.14		Harmony Health P/HCCLAIMPMT TRN*1*1002845645*1364050495\	
7/22	31.80		AARP Supplementa/HCCLAIMPMT TRN*1*1548758530*1362739571*000036273\	
7/22	50.00		AETNA AS01/HCCLAIMPMT TRN*1*820199000191227*1066033492\	
7/22	87.51		Harmony Health P/HCCLAIMPMT TRN*1*1002844780*1364050495\	/
7/22	110.59		Harmony Health P/HCCLAIMPMT TRN*1*1002842776*1364050495\	
7/22	116.10		AETNA AS01/HCCLAIMPMT TRN*1*820199000191226*1066033492\	
7/22	471.66		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020071913600084*1363379945*000095 378\	
7/22	849.60		AETNA AS01/HCCLAIMPMT TRN*1*820199000191228*1066033492\	
7/22	2,976.03		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020071912000363*1363379945*000095 378\	
7/22	3,113.79		A/B MAC PT A TN/HCCLAIMPMT TRN*1*EFT3551369*1571062326*000010311~	
7/23	1,186.79		Worldpay/NET SETIMT Worldpay NET SETIMT 54292980466 8275 LAUDERDALE COMMUNITY HOSPBC	
7/23	4,143,746.52		DAILY SWEEP DD XXXXXX1402 Includes Interest of 33.96	
7/23	415.09		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020072215300344*1363379945*000095 378\	
7/23	518.80		UNITEDHEALTHCARE/HCCLAIMPMT TRN*1*1TR62616245*1411289245*000087726\	
7/23	645.46		UMR/HCCLAIMPMT TRN*1*549258699*1391995276*0000UMR01\	
7/23	902.84		AARP Supplementa/HCCLAIMPMT TRN*1*1549193727*1362739571*000036273\	
7/23	1,584.00		AARP Supplementa/HCCLAIMPMT TRN*1*1549198754*1362739571*000036273\	
7/23	2,240.74		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020072214400655*1363379945*000095 378\	ľ
7/23	5,016.50		A/B MAC PT A TN/HCCLAIMPMT TRN*1*EFT3552227*1571062326*000010311~	



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CAH ACQUISITION COMPANY 11 LLC

Account Number: Statement Date:

7/31/20

Miscellaneous Credits Activity Description Withdrawals Deposits Date Worldpay/NET SETLMT 543.00 7/24 NET SETLMT 54292980466 Worldpay 8275 LAUDERDALE COMMUNITY HOSPBC DAILY SWEEP DD XXXXXX1402 4,156,242.83 7/24 Includes Interest of 34.07 HUMANA INS CO/HCCLAIMPMT 773.32 7/24 TRN*1*001290051475136*1391263473\ UHC PLAN OF THE / HCCLAIMPMT 7/24 834.64 TRN*1*2020072316100068*1363379945*000095 UnitedHealthcare/HCCLAIMPMT 1,239.14 7/24 TRN*1*1549747895*1411289245*000087726\ UHC PLAN OF THE/HCCLAIMPMT .. 1,505.92 7/24 TRN*1*2020072312900347*1363379945*000095 378\ A/B MAC PT A TN/HCCLAIMPMT 3,318.18 7/24 TRN*1*EFT3553133*1571062326*000010311~ UnitedHealthcare/HCCLAIMPMT 33,584.48 7/24 TRN*1*1549799712*1411289245*000087726\ STATE-TN PAYMNTS/TN PAYMNTS 40.00 7/27 Worldpay/NET SETLMT 98.65 7/27 NET SETLMT Worldpay 8275 LAUDERDALE COMMUNITY HOSPBC Worldpay/NET SETIMT 7/27 652.29 54292980466 Worldpay NET SETIMT 8275 LAUDERDALE COMMUNITY HOSPBC DAILY SWEEP DD XXXXXX1402 7/27 4,198,130.39 Includes Interest of 103.23 UHC PLAN OF THE/HCCLAIMPMT 250.00 7/27 TRN*1*2020072414200362*1363379945*000095 378\ Harmony Health P/HCCLAIMPMT 322.37 7/27 TRN*1*1002851721*1364050495\ UHC PLAN OF THE/HCCLAIMPMT 715.36 7/27 TRN*1*2020072410300364*1363379945*000095 378\ A/B MAC PT A TN/HCCLAIMPMT 4,927.28 7/27 TRN*1*EFT3554021*1571062326*000010311~ DAILY SWEEP DD XXXXXX1402 3,949,345.53 7/28 Includes Interest of 32.37 Marketplace/HCCLAIMPMT 7.02 7/28 TRN*1*0903989142*1203174593\ CARITEN HP/HCCLAIMPMT 173.24 7/28 TRN*1*010560011754276*1621579044\ HUMANA INS CO/HCCLAIMPMT 7/28 178.32 TRN*1*001290051544307*1391263473\ CARITEN HP/HCCLAIMPMT 7/28 238.94 TRN*1*010560011752180*1621579044\

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CAH ACQUISITION COMPANY 11 LLC

Account Number: Statement Date:



		- Misce	llaneous Credits
Date	Deposits	Withdrawals	Activity Description
7/28	503.50		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020072513500762*1363379945*000095 378\
7/28	620.09		UMR MARTEN TRANS/HCCLAIMPMT TRN*1*550015616*1391995276*0000UMR01\
7/28	622.46		AARP Supplementa/HCCLAIMPMT TRN*1*1550333293*1362739571*000036273\
7/28	1,032.99		UNITED BEHAVIORA/HCCLAIMEMT TRN*1*1550536082*1411289245*000087726\
7/28	2,171.77		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020072514500343*1363379945*000095 378\
7/28	3,064.56		HUMANA INS CO/HCCLAIMPMT TRN*1*001290051520743*1391263473\
7/28	7,101.95		A/B MAC PT A TN/HCCLAIMPMT TRN*1*EFT3554810*1571062326*000010311~
7/29	72,436.33		DEPOSIT
7/29	20.00		STATE-TN PAYMNTS/TN PAYMNTS
7/29	100.00		Worldpay/NET SETLMT
			Worldpay NET SETLMT 54292980466 8275 LAUDERDALE COMMUNITY HOSPBC
7/29	3,965,092.87		DAILY SWEEP DD XXXXXX1402 Includes Interest of 32.50
7/29	46.56		A/B MAC PT A TN/HCCLAIMPMT TRN*1*EFT3555556*1571062326*000010311~
7/29	80.44		PAY PLUS/HCCLAIMPMT TRN*1*107452398*1630343428\
7/29	87.65		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020072613800504*1363379945*000095 378\
7/29	154.50		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020072612900290*1363379945*000095 378\
7/29	167.47		CARITEN HP/HCCLAIMPMT TRN*1*010560011755167*1621579044\
7/29	422.18		AETNA A04/HCCLAIMPMT TRN*1*820206000221565*1066033492\
7/29	674.80		TNCH Claims/HCCLAIMPMT TRN*1*0900008619*1300752651\
7/29	915.35		AETNA AS01/HCCLAIMPMT TRN*1*820206000221573*1066033492\
7/29	1,035.94		PAY PLUS/HCCLAIMPMT TRN*1*107443297*1630343428\
7/29	1,124.43		UnitedHealthcare/HCCLAIMPMT TRN*1*1550996115*1411289245*000087726\
7/29	4,433.94		AETNA AS01/HCCLAIMPMT TRN*1*820206000221566*1066033492\
7/29	6,120.00		UHC GOVERNMENT E/HCCLAIMPMT TRN*1*550671062*1391995276*0000MR01\



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CAH ACQUISITION COMPANY 11 LLC

Account Number: Statement Date:



D-+-	Dominaita	Withdrawals	Activity Description
Date	Deposits	MICHGEAWAIS	weerston peacerberon
7/30	170.72		Worldpay/NET SETLMT Worldpay NET SETLMT 54292980466 8275 LAUDERDALE COMMUNITY HOSPBC
7/30	4,052,941.67		DAILY SWEEP DD XXXXXX1402 Includes Interest of 33.22
7/30	79.98		Harmony Health P/HCCLAIMPMT TRN*1*1002861064*1364050495\
7/30	90.74		Harmony Health P/HCCLAIMPMT TRN*1*1002859797*1364050495\
7/30	98.84		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020072915800042*1363379945*000095 378\
7/30	488.73		UNITEDHEALTHCARE/HCCLAIMPMT TRN*1*1TR63133199*1411289245*000087726\
7/30	923.56		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020072911900066*1363379945*000095 378\
7/30	1,600.57		UMR/HCCLAIMPMT TRN*1*551057654*1391995276*0000UMR01\
7/30	2,239.79		AARP Supplementa/HCCLAIMPMT TRN*1*1551107755*1362739571*000036273\
7/30	27,108.36		UnitedHealthcare/HCCLAIMPMT TRN*1*1551357636*1411289245*000087726\
7/30	29,338.42		A/B MAC PT A TN/HCCLAIMPMT TRN*1*EFT3556115*1571062326*000010311~
7/30	35,088.01		A/B MAC PT A TN/HCCLAIMPMT TRN*1*EFT3556193*1571062326*000010311~
7/31	470.68		Worldpay/NET SETIMT Worldpay NET SETIMT 54292980466 8275 LAUDERDALE COMMUNITY HOSPBC
7/31	4,150,196.93		DAILY SWEEP DD XXXXXX1402 Includes Interest of 34.02
7/31	85.79		Harmony Health P/HCCLAIMPMT TRN*1*1002861591*1364050495\
7/31	94.50		AETNA AS01/HCCLAIMEMT TRN*1*820210000017609*1066033492\
7/31	776.13		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020073015900617*1363379945*000095 378\
7/31	2,478.25		UHC PLAN OF THE/HCCLAIMPMT TRN*1*2020073016000077*1363379945*000095 378\
7/31	6,949.19		HUMANA INS CO/HCCLAIMPMT TRN*1*001290051621137*1391263473\
7/31	19,979.27		A/B MAC PT A TN/HCCLAIMPMT TRN*1*EFT3556798*1571062326*000010311~
7/31	24,390.89		A/B MAC PT A TN/HCCLAIMPMT TRN*1*EFT3556874*1571062326*000010311~

Miscellaneous Credits

Miscellaneous Debits



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CAH ACQUISITION COMPANY 11 LLC

Account Number: Statement Date:



		- Mrscer	Taneous Deptos
Date	Deposits	Withdrawals	Activity Description
7/01 7/02		4,468,839.09 2.64	Trnsfr to CHECKING Acct Ending in 1402 Worldpay/MTHCHGS
1702		2.04	MERCH BANKCARD 542929804668275 LAUDERDAL E COMMUNITY HOSP
7/02		4,178,129.41	Trnsfr to CHECKING Acet Ending in 1402
7/03		42.70	Worldpay/MTHCHGS MERCH BANKCARD 542929804668275 LAUDERDAL E COMMUNITY HOSP
7/03		4,191,485.47	Trnsfr to CHECKING Acet Ending in 1402
7/05		1.41	Worldpay/MTHCHGS
,, 00			MERCH BANKCARD 542929804668275 LAUDERDAL
			E COMMUNITY HOSP
7/06		89.18	Worldpay/MTHCHGS
			MERCH BANKCARD 542929804668275 LAUDERDAL E COMMUNITY HOSP
7/06		4,207,104.88	Trnsfr to CHECKING Acct Ending in 1402
7/07		4,215,875.00	Trnsfr to CHECKING Acct Ending in 1402
7/08		4,274,928.22	Trnsfr to CHECKING Acct Ending in 1402
7/09		15.58	Worldpay/MTHCHGS
			MERCH BANKCARD 542929804668275 LAUDERDAL E COMMUNITY HOSP
7/09		4,278,043.37	Trnsfr to CHECKING Acct Ending in 1402
7/10		3.32	Worldpay/MTHCHGS
•			MERCH BANKCARD 542929804668275 LAUDERDAL E COMMUNITY HOSP
7/10		7.66	Worldpay/MTHCHGS
1720			MERCH BANKCARD 542929804668275 LAUDERDAL E COMMUNITY HOSP
7/10		4,083,615.43	Trnsfr to CHECKING Acct Ending in 1402
7/13		2.14	Worldpay/MTHCHGS MERCH BANKCARD 542929804668275 LAUDERDAL
			E COMMUNITY HOSP
7/13		6.20	Worldpay/MTHCHGS
			MERCH BANKCARD 542929804668275 LAUDERDAL
		4 000 005 00	E COMMUNITY HOSP Trnsfr to CHECKING Acct Ending in 1402
7/13		4,090,895.20 4,094,336.47	Trnsfr to CHECKING Acct Ending in 1402
7/14 7/15		7.21	Worldpay/MTHCHGS
1/13		,	MERCH BANKCARD 542929804668275 LAUDERDAL
			E COMMUNITY HOSP
7/15		4,158,255.12	Trnsfr to CHECKING Acct Ending in 1402
7/16		4.99	FIRSTCNB/CM FEES
7/16		3,779,972.87	Trnsfr to CHECKING Acct Ending in 1402
7/17		3,835,373.55	Trnsfr to CHECKING Acct Ending in 1402
7/20		3.60	Worldpay/MTHCHGS
			MERCH BANKCARD 542929804668275 LAUDERDAL E COMMUNITY HOSP
7/20		3,837,207.40	Trnsfr to CHECKING Acct Ending in 1402
1/20		3,031,201.40	

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CAH ACQUISITION COMPANY 11 LLC

Account Number:

Statement Date:

7/31/20

				Misce.	llaneous De	bits			:
•									
	Date	Depos	its Witho	irawals	Activity	Description			
	7/21		4,017	712.72		CHECKING Acc	: Ending	in 1402	
	7/22			128.40	Worldpay/	MTHCHGS KCARD 54292980	14668275	TAUDERDAL	
					E COMMUNI	TY HOSP			
	7/22		4,143	712.56	Trnsfr to	CHECKING Acc	t Ending	in 1402	
	7/23			47.98	Worldpay/	MTHCHGS KCARD 5429298	14668275	TAUDERDAL	
					E COMMUNI	TY HOSP			
	7/23		4,156	,208.76	Trnsfr to	CHECKING Acc	t Ending	in 1402	
	7/24		•	14.35	Worldpay/	MTHCHGS KCARD 5429298	n/668275	LAUDERDAL	
					E COMMUNI	TY HOSP			
	7/24		4,198	,027.16	Trnsfr to	CHECKING ACC	t Ending	in 1402	
	7/27			3.71	Worldpay/	MTHCHGS KCARD 5429298	04668275	LAUDERDAL	
					E COMMUNI	TY HOSP	0.0000		
	7/27			17.81	Worldnay	MTHCHGS		T BIID DO DO AT.	
	,, = .				MERCH BAY	IKCARD 5429298	04668273	LAUDERDAD	
	7/07		3 949	,313.16	Trosfr to	CHECKING ACC	t Ending	j in 1402	
	7/27 7/28		3,965	,060.37	Trnsfr to	CHECKING Acc	t Ending	g in 1402	
	7/29			4.01	Worldpay,	MTHCHGS KCARD 5429298	04668275	LAUDERDAL	
					E COMMUN	TY HOSP			
	7/29		4,052	,908.45	Trnsfr to	CHECKING Acc	t Ending	j in 1402	
	7/30			6.48	Worldpay,	MTHCHGS KCARD 5429298	0466827	5 LAUDERDAL	
					E COMMUN	TY HOSP			
	7/30		4,150	,162.91	Trnsfr to	CHECKING Acc	t Ending	g in 1402	
	7/31			20.59	Worldpay, MERCH BA	NKCARD 5429298	0466827	5 LAUDERDAL	
					TE COMMITM	TTY HOSP			
	7/31		3,768	,322.76		CHECKING ACC	t Endin	g in 1402	
	7/31			60.00	SAFEREE	ING EBB			
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				Paid * indica	Checks stes skip i	n check number	s		
	Date	Check No.	Amount	Date C	Check No.	Amount	Date	Check No.	Amount
			000 000 00	7/10	1472	382,669.26	7/31	1475	7,440.39
	7/02	1469 1470	376,815.96 219,197.85	7/15 7/21	1473	1,378.32	7/31	1476	429,637.89
	7/10 7/14	1471	7,420.44	7/27	1474	255,801.66			



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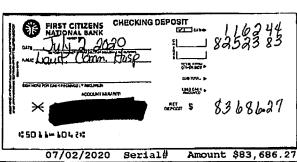
CAH ACQUISITION COMPANY 11 LLC

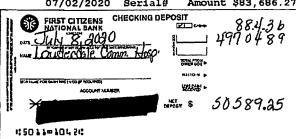
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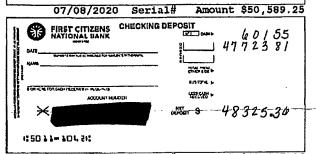
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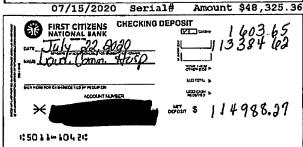
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Date	Balance	Date	Balance	Date	Balance
7/01	100.00	7/13	100.00	7/23	100.00
7/02	100,00	7/14	100.00	7/24	100.00
7/03	100.00	7/15	100.00	7/27	100.00
7/06	100.00	7/16	100.00	7/28	100.00
7/07	100.00	7/17	100.00	7/29	100.00
7/08	100.00	7/20	100.00	7/30	100.00
7/09	100.00	7/21	100.00	7/31	40.00
7/10	100.00	7/22	100.00	•	

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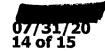




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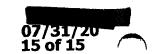
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_	07/16/2020 Serial# 1472 Amount \$382,669.26
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Case 19-22020	Doc 219	Filed 09/02/20	Entered 09/02/20 17:58:22	Desc Main
		Document P	ane 33 of 33	

פאראוייר פארדו	Class	7/31/20	6/30/20	5/31/20	4/30/20	3/31/20	2/28/20	1/31/20	12/31/19	11/30/19	10/31/19	9/30/19
		Unaudited	Unaudited	Unaudited	Unaudited	Unaudited						
CASH	100	3,754,158,33	4,399,423.40	4,411,181.16	1,452,066.97	865,802.31	924,390.65	1,164,624.25	1,207,852.30	152,433.24	90,724.45	29,249.89
ACCOUNTS RECEIVABLE	102	2,962,458.21	2,792,847.87	1,853,334.25	2,655,979.78	2,279,191.50	2,682,428.87	5,113,630.18	5,525,733.92	6,067,341.86	5,051,079.77	4,334,949.63
INVENTORY	104	143,935.17	143,935.17	143,935.17	143,935.17	143,935.17	143,935.17	140,162.94				
PREPAID INSURANCE	105	47,885.59	53,8/1.29	59,856,99	60,160.69		. :	, ;				
CAPITAL ASSETS, NET	151	5,223,234.31	5,108,086.96	5,116,620.98	5,022,843.07	5,033,071.87	5,045,004.83	5,056,937.94	5,068,870.67	5,080,314.38	5,092,492.29	2,104,6/U.UU
TOTAL ASSETS		12,131,671.61	12,498,164.69	11,584,928.55	9,334,985.68	8,322,000.85	8,795,759.52	11,475,355.31	11,802,456.89	11,300,089.68	10,234,296.51	9,468,869.52
	;	:				1			200	000		70.00
ACCOUNTS PAYABLE	200	4,677,587.48	1,752,364.60	4,736,248,95	5,263,727.13	2,254,147.70	975,111.26	5,224,080.41	1 079 845 24	1 136 072 35	3,875,342.93	1 130 884 72
POE DETITION ADVACED INDIVITES	,07	(3 500 400 41)	(2 550 350 59)	CD:00C'/TO'T	12 580 475 831	(3 573 789 73)	(3.573.043.55)	(13 569 049 51)	(3 569 270 34)	(3 569 270 34)	(3 569 270 34)	(3 569 270 34)
ACCRIED INTEREST EXPENSE	207	409 248 04	790,814.51	733 771 04	220,428,63)	208.618.30	195.835.76	183.877.90	161.777.01	148,295,59	134.814.17	121.332.75
STIMULUS FUNDS LIABILITY	203	3.330.582.04	3.467,903.83	3.458,696,27	308,361,95	-						
DUE TO MEDICARE	204	2,390,305.68	2,414,875.54	2,059,849.45	2,633,746.32	2,660,376.23	2,701,878.71	2,730,985.35	2,759,845.43	2,788,461.04	2,817,600.83	2,844,967.00
DIP NOTES PAYABLE - STONE BANK	203	1,067,650.09	1,067,650.09	1,067,650.09	1,067,650.09	1,067,650.09	1,067,650.09	1,067,650.09	1,067,650.09	1,067,650,09	867,650.09	867,650.09
PRE-PETITION LONG-TERM DEBT OTHER	205	1,347,858.58	1,347,858.58	1,347,858.58	1,347,858.58	1,347,858.58	1,347,858.58	1,347,858.58	1,347,858.58	1,347,858.58	1,347,858.58	1,347,858.58
PRE-PETITION LONG-TERM NOTE - STONE BANK	506	2,357,557.69	2,357,557.69	2,357,557.69	2,357,557.69	2,357,557.69	2,357,557.69	2,357,557,69	2,357,557.69	2,357,557.69	2,357,557.69	2,357,557.69
TOTAL LIABILITIES	1	12,871,416.98	13,240,290.25	12,699,165.29	10,529,322.87	10,199,868.25	10,096,336.23	10,243,274.61	10,117,965.01	9,576,943.73	8,897,636,93	8,566,321.95
EQUITY	301	(739,745.37)	(742,125.56)	(1,114,236.74)	(1,194,337.19)	(1,877,867.40)	(1,300,576.71)	1,232,080.70	1,684,491.88	1,723,145.95	1,336,659.58	902,547,57
TOTAL LIABILITIES AND EQUITY		12,131,671.61	12,498,164,69	11,584,928.55	9,334,985.68	8,322,000.85	8,795,759.52	11,475,355.31	11,802,456.89	11,300,089.68	10,234,296.51	9,468,869.52
					•	1				7		•
LAUDERDALE COMMUNITY HOSPITAL												
		7/31/20	6/30/20	5/31/20	4/30/20	3/31/20	2/28/20	1/31/20	12/31/19	11/30/19	10/31/19	9/30/19
	1						Unaudited	Unaudited	Unaudited	Unaudíted	Unaudited	Unaudited
PATIENT SERVICE REVENUE, GROSS	400	33,281,880.94	29,719,541.89	26,496,939.67	23,654,843,02	20,640,391.17	17,299,631.09	13,972,565.99	10,327,164.66	6,694,593.00	3,580,227.00	18,933,276.82
PATIENT SERVICE REVENUE, NET		10,784,678.10	9,557,793.51	8,133,114.99	7,408,637.00	5,502,914.76	4,761,839.59	5,989,466.28	4,765,228.12	3,262,563.30	1,712,878.70	5,118,097.05
OTHER REVENUE	410	923,979.85	775,605.17	514,205.30	11,110.03	7,762.88	4,688.69	630.03	250.00	•	•	
SALARIES AND BENEFITS	601	6,021,712.40	5,358,474.47	4,692,088.40	4,049,653.45	3,476,831.38	2,937,558.86	2,364,583.77	1,641,505.61	990,264.57	532,430.60	3,744,146.14
CONTRACT LABOR	607	1,445,896.79	1,306,782.41	1,203,303.06	1,042,758.73	909,081.70	783,746.07	662,473.03	525,445.43	259,256.04	128,100.09	935,551.53
PURCHASED SERVICES	602	1,643,748.50	1,415,192.74	1,275,591.76	1,186,660.77	1,019,694.10	867,019.42	695,590.02	382,051.26	309,876.11	143,283.61	341,736.26
LEASES	909	236,655.09	203,953.94	160,519,22	140,402.14	96,035.17	81,778.60	70,448.28	65,035.24	43,851,05	33,492.61	90,530.05
SUPPLIES AND OTHER	604	1,147,191.65	974,950.39	802,010.21	695,230.29	548,754.67	393,476.33	276,448.91	237,417.79	195,756.97	115,150.35	822,946.89
MANAGEMENT FEE	611	1,800,000.00	1,725,000.00	1,650,000.00	1,575,000.00	1,500,000.00	1,250,000.00	1,000,000.00	693,250.00	200,000.00	250,000.00	1,540,322.58
UTILITIES	603	293,980.11	268,587.86	239,870.81	211,193.72	179,941.90	150,058.13	118,644.92	89,206,25	55,612.52	24,663.43	229,296.61
INTEREST EXPENSE	909	295,174.23	268,570.08	209,709.72	184,980.80	160,534,78	138,505.20	117,208.25	70,569.81	47,288.24	23,764.29	205,558.46
RESTRUCTURE COSTS	613	285,925.43	18 697 05	185,925.43	263,459.85	243,652,43	14.879.03	14.418.19	10.130.14	15,704.00	15,704.00	4,8/5.00
DEPRECIATION	610	147,713.40	132,838.61	118,887.59	81,827.31	71,598.51	59,665.55	47,732.44	35,799.33	24,355.42	12,177.71	83,822.89
TOTAL OPERATING EXPENSES	1	13,336,852.06	11,963,972.98	10,656,558.91	9,447,492.85	8,221,953.67	6,900,513.62	5,591,424.24	3,766,114.86	2,441,964.92	1,278,766.69	7,998,786.41
NET INCOME (LOSS)	1	(1,628,194.11)	(1,630,574.30)	(2,009,238.62)	(2,027,745.82)	(2,711,276.03)	(2,133,985.34)	398,672.07	999,363.26	820,598.38	434,112.01	(2,880,689.36)

*Unless specifically noted the above Items on the balance sheet are post-petition.